

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2489AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/13/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHANCELLOR GARDENS OF THE LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117</b>		
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Y 000	Initial Comments  Surveyor: 27364  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a directed focused survey conducted in your facility on 1/13/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed for 150 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or persons with chronic illnesses and 30 persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was 74. Seventy three resident files were reviewed and 57 employee files were reviewed.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 1/13/10, the facility failed to ensure 9 of 57 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #21, #28, #29, #32, #36, #38, #47, #52 and #55).</p> <p>Employee #21's file had evidence of a positive TB skin test dated 8/10/06. The file lacked evidence of a negative chest x-ray and an annual review of signs and symptoms of TB for 2007, 2008 and 2009.</p> <p>Employee #28's file had evidence of a positive TB skin test dated 1/9/09 and an annual review of signs and symptoms of TB dated 1/9/09. The file lacked evidence of a negative chest x-ray.</p> <p>Employee #29's file had evidence of a negative chest x-ray dated 6/17/08. The file lacked evidence of a positive TB skin test or documentation from a physician stating the employee had a history of positive TB skin tests. The file also lacked an annual review of signs and symptoms of TB for 2009.</p> <p>Employee #32's file had evidence of a negative chest x-ray dated 1/3/08. The file lacked evidence of a positive TB skin test or documentation from a physician stating the employee has a history of positive TB skin tests. The file also lacked an annual review of signs and symptoms of TB for 2009 and 2010.</p> <p>Employee #36's file had evidence of a positive TB skin test dated 6/13/08 and a negative chest X-Ray dated 6/18/08. The file lacked evidence an</p>	Y 103		

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Y 103	Continued From page 2  annual review of signs and symptoms of TB.  Employee #38's file had evidence of a negative chest x-ray dated 10-12-09 and an annual review of signs and symptoms of TB dated 10-12-09. The positive TB skin test was not dated for 2009.  Employee #47's hire date was 6/18/08, file lacked evidence of an initial two-step TB skin test.  Employee #52's file had evidence of a two step TB skin test read on 4/18/08 and 4/21/08. The file lacked evidence of an annual one-step TB skin test for 2009.  Employee # 55's file had evidence of a positive TB skin test dated 9/10/09. The file lacked evidence of a negative chest x-ray.  This was a repeat deficiency from the 2/5/09 and 11/19/09 State Licensure surveys.  Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 1/13/10, the facility failed to ensure 3 of 57 employees met	Y 105		

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Y 105	Continued From page 3  background check requirements (Employee #8, #24 and #41).  Findings include:  Employee #8's hire date was 3/28/05. The file had evidence of a State background check on 8/17/05, but lacked evidence of a FBI background check.  Employee #24's hire date was 8/17/09. The file had evidence of fingerprints dated 8/3/09, but lacked evidence of State and FBI background checks.  Employee #41's hire date was 5/30/09. The file had evidence of fingerprints dated 5/15/09. The file also contained a reject letter for the State background check with no evidence of a follow-up for a repeat State background check. The file also lacked any evidence of a FBI background check.  This was a repeat deficiency from the 11/19/09 State Licensure survey.  Severity: 2 Scope: 1	Y 105			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255			

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Y 255	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Surveyor: 27626 Based on observation, interview and record review on 1/13/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1 Critical Violations:</p> <p>a. Dirty dishes were observed in the memory care unit one-compartment sink, which is a sink designated for hand washing. The caregiver stated she was going to wash the resident dishes in the one-compartment sink, instead of a three compartment sink or in a commercial dish machine.</p> <p>b. A food handler was observed rinsing wiping cloths, used for cleaning food-contact and non food- contact surfaces of equipment, in a hand washing sink in the kitchen.</p> <p>c. An uncovered personal beverage was observed on a shelf above the cook's line.</p> <p>d. The hand soap dispenser was in disrepair and non-operational in the memory care unit restroom next to the dining room.</p> <p>2. Cleaning and Sanitation Issues:</p>	Y 255			

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Y 255	Continued From page 5  a. Non food-contact surfaces of equipment were soiled with food debris, including the can opener, speed rack, and reach-in door handles in the kitchen, and the interior of the out-of-service dish machine in the memory care unit.  b. The cleaned kitchenware was stacked while still wet and not properly air dried.  3. Equipment and Maintenance Issues:  a. A household microwave was being used to reheat resident food in the memory care unit.  b. In the memory care unit restroom next to the dining room, the toilet would not flush, the waste receptacle was not covered, there was wall damage behind the hand washing sink, and there was a strong odor of urine.  c. The wall beneath the counter in the memory care unit kitchen was damaged.  d. There was a missing base cover on the interior of the walk-in refrigerator in the kitchen.  Severity 2: Scope: 3	Y 255		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:	Y 878		

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Y 878	<p>Continued From page 6</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interview on 1/13/10, the facility failed to ensure that 5 of 56 residents received medications as prescribed (Resident #1, #12, #14, #34, and #36).</p> <p>Findings include:</p> <p>Resident #1:</p> <p>Was prescribed Bisacodyl (laxative) 5 milligrams (mg) one tablet every day as needed (PRN) use sparingly after attempts of diet control, if Colace (stool softer) and increased fluids fail. The January 2010 medication administration record (MAR) failed to document any doses of Colace. The January 2010 MAR documented 11 doses of Bisacodyl from 1/1/10 through 1/13/10. Interview with Employee #48 and Employee #56 revealed the resident requested Bisacodyl instead of Colace. The facility failed to follow the physician's order.</p> <p>Resident #12:</p> <p>Was prescribed Gabapentin 100 mg one tablet three times a day at 8:00 AM, 12:00 PM and 5:00 PM for treatment of partial seizures. The medication technician documented on the MAR, the resident missed one 8:00 AM dose on 1/3/10. The medication technician documented the</p>	Y 878			

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Y 878	<p>Continued From page 7</p> <p>medication was unavailable with no explanation.</p> <p>Resident #14</p> <p>Was prescribed Digoxin 125 micrograms (mcg) one tablet each day for the treatment of congestive heart failure.. The medication technician documented two missed doses of the medication on 1/1/10 and 1/2/10. The medication technician noted on the reverse of the MAR, the medication was not given, because the facility was waiting on a refill.</p> <p>Resident #34</p> <p>Was prescribed Advair Diskus 250/50 mg one puff twice a day at 9:00 AM and 5:00 PM for the treatment of asthma. The medication technician documented on the MAR the resident missed two doses on 12/5/09 at 9:00 AM and 5:00 PM, two doses on 12/6/09 at 9:00 AM and 5:00 PM and one dose on 12/7/09 at 9:00 AM. The medication technician documented the medication was not available with no explanation.</p> <p>Resident #36</p> <p>Was prescribed Benazepril HCL 5 mg one tablet every day at 8:00 AM for the treatment of hypertension. The medication technician documented one missed dose on 12/15/09 at 8:00 AM. The medication technician documented "not given waiting for order clarification."</p> <p>This was a repeat deficiency from the 2/5/09 State Licensure survey, the 9/24/09 complaint investigation, the 11/2/09 complaint investigation, and the 11/19/09 State Licensure survey.</p> <p>Severity: 3    Scope: 1</p>	Y 878			

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Y 885 SS=D	<p>449.2742(9) Medication / Destruction</p> <p>NAC 449.2742</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 1/13/10, the facility failed to destroy medications for 3 of 56 residents (Resident #15, #33, and #34) and two discharged residents (Resident #74 and #75).</p> <p>Findings include:</p> <p>Resident #15 was prescribed Compazine 5 milligrams tablets, but the medication was discontinued on 12/24/09. The facility failed to destroy the medication.</p> <p>Resident #33 was admitted to the hospital on 1/23/09. The facility failed to destroy the following medications after 30 days:</p> <p>-Risperidone 3 milligram tablets</p>	Y 885		

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Y 885	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-Lisinopril 20 milligram tablets</li> <li>-Loxapine Succionate 50 milligram tablets</li> <li>-Docusate Sodium 100 milligram tablets</li> <li>-Seroquel 200 milligram tablets</li> <li>-Vistaril 25 milligram tablets</li> <li>-Risperidole 50 milligram per milliliter solution</li> <li>-Metoprolol Tartrate .25 milligram tablets</li> </ul> <p>Resident #34 was prescribed Fexofenadine 180 milligram tablets, but was discontinued on 10/6/09. The facility failed to destroy the medication..</p> <p>Employee #40 related Resident #74 was discharged from the facility over a month ago. The facility failed to destroy the following prescribed medications:</p> <ul style="list-style-type: none"> <li>- Furosemide 40 milligram tablets</li> <li>- Levothyroxine 175 milliequivalents</li> <li>- Seroquel 25 milligram tablets</li> <li>- Spironolactone 25 milligram tablets</li> <li>- Namenda 10 milligram tablets</li> <li>- Lisinopril 5 milligram tablets</li> <li>- Potassium Chloride 10 milliequivalents</li> <li>- Cymbalta 60 milligram capsules</li> <li>- Ativan 1 milligram tablets</li> <li>- Colace 100 milligram capsules</li> <li>- Hydrocodone 5/500 milligram tablets</li> </ul> <p>Resident #75 was discharged from the facility 1/6/10. The facility failed to destroy the following medications:</p> <ul style="list-style-type: none"> <li>- Amlodipine 10 milligram tablets</li> <li>- Plavix 75 milligram tablets</li> <li>- Aspirin 81 milligram tablets</li> <li>- Caredilol 12.5 milligram tablets</li> <li>- Aricept 10 milligram tablets</li> <li>- Trazodone HCL 50 milligram tablets</li> </ul>	Y 885		

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Y 885	Continued From page 10  - Metronidazole 500 milligram tablets  This was a repeat deficiency from the 11/19/09 State Licensure survey.  Severity: 2 Scope: 1	Y 885			
Y 895 SS=D	449.2744(1)(b)(1) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 1/13/10, the facility failed to ensure the medication administration record (MAR) was accurate for 4 of 56 residents	Y 895			

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Y 895	<p>Continued From page 11</p> <p>(Resident #18, #29, 40 and #71 ).</p> <p>Findings include:</p> <p>Resident #18 was prescribed:</p> <p>- Advair disk 250/50mg for asthma. On January 2010 MAR, the medication technician had circled their initials for the 1/2/10 dose with no explanation.</p> <p>- Carisoprodal 350 mg tabs 3 times a day at 7 AM, 1 PM and 7 PM for relief of muscle spasms. On the January 2010 MAR, the medication technician circled their initials for the 1/7/10 1:00 PM dose with no explanation.</p> <p>Resident #29 was prescribed:</p> <p>Alprazolam .25 mg 1 tab 2 times a day as needed (PRN) for anxiety. The PRN log for this medication was not available.</p> <p>Resident #40 was prescribed:</p> <p>Sertraline 100 mg 1 tab a day for depression. On the January 2010 MAR, the medication technician circled their initials for the 1/2/10 dose with no explanation..</p> <p>Resident #71 was prescribed:</p> <p>Lisinopril 20 mg 1 tab every morning for the control of blood pressure. There was a discrepancy between what was listed on the MAR and the current physician's order. The MAR listed Lisinopril 10 mg 1 tab every morning. The physicians order dated 10/5/09, listed Lisinopril 20 mg 1 tab every morning. The MAR requires updating to reflect the current physician order.</p>	Y 895			

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Y 895	Continued From page 12  This was a repeat deficiency from the 11/19/09 State Licensure survey.  Severity: 2 Scope: 1	Y 895			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 1/13/10, the facility failed to ensure 2 of 73 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 and #4 ) which affected all residents.  Findings include:  Resident #2's file had documentation of a two-step TB skin test. The first step was read on 7/27/09 with a negative result of 0 millimeters. The second step had a read date of 8/3/09 with no documentation of the result.	Y 936			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2489AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/13/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHANCELLOR GARDENS OF THE LAKE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117</b>		
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Y 936	<p>Continued From page 13</p> <p>Resident #4's file had documentation of a negative two-step TB skin test read on 5/7/06 and 5/16/09. The file contains a notation on 12/16/09, "the resident states she is positive and refuses a PPD (Purified Protein Derivative TB skin test)."</p> <p>Residents are required to have an annual TB screening test for the safety of all residents.</p> <p>This was a repeat deficiency from the 2/5/09 and 11/19/09 State Licensure surveys.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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